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CONTINUATION OF "TREATMENT OF OPHTHALMIA."

(Translated from Sichel, for the Boston Medical and Surgical Journal.—See p. 352, Vol. XVIII.)

Antiplastic Means.

ONE of the essential characters of inflammation consists in the tendency of the constituent parts of the blood to isolate themselves, either while this fluid is contained in the bloodvessels, or after it has been artificially taken from them. Inflammatory blood, when drawn from the veins, rapidly coagulates and forms at the surface of the mass, a buff (*concone*) composed of fibrin, which, on account of the frequency of this phenomenon in inflammation, has been called inflammatory buff (*concone inflammatoire*). The blood is separated in a similar manner in the vessels belonging to an inflamed tissue; the albumen and the fibrin transude into the cellular tissue, produce the swelling, and thus give rise to the process of suppuration. When the inflammation is seated in the serous and vascular membranes, portions of fibro-albumen are deposited on their surface and form false membranes. These are organized and new vessels are developed. It is these phenomena, taken together, which constitutes the increase in the plasticity of the blood.

There are inflammations which obstinately resist sanguine depletion, whatever may be the energy and extent of its employment, as long as we do not oppose to them the means suited to diminish the plasticity of the blood. This indication is of the highest importance in inflammation of the serous and vascular membranes, an inflammation always prompt to terminate in an exudation of plastic matter. It consequently merits a particular attention, and the more so as the serous and vascular tissues are in no part of the system so predominant as in the organ of vision.

We have pointed out above in what manner and to what degree purgatives fulfil this indication. We shall now speak of the agent which possesses the most incontestible efficacy in this respect.

Even with a slight observation of the effects of mercury upon a healthy individual, we may perceive properties in this substance which should cause one to suspect its happy application in inflammatory diseases. That which we are at first only led to suspect, is soon abundantly confirmed by experience. Administered in such a manner as to produce its effects slowly, and continued during a sufficiently long period, mercury produces all the phenomena of scurvy, such as hæmorrhages which are difficult to arrest, ecchymoses, ulcers, &c.

It excites, then, so to speak, an affection diametrically opposed to

inflammation—an affection which is characterized, contrary to the latter, by a diminution of the plasticity of the blood. The difficulty with which these hæmorrhages are arrested in persons attended with scurvy, arises from the circumstance that in them the blood, destitute of plastic materials, does not form clots which may stop the open orifices of the arterial or venous vessels furnishing the hæmorrhage. The coagulability of the blood, even when out of the vessels, being on the contrary increased during inflammation, it is not surprising that mercury, in diminishing so decidedly the plasticity of the blood, should further the cure of inflammations. Its action is not at all empirical, and is explained as rationally as that of bleeding. Its antiplastic action extends equally to other pathological conditions, which, without recognizing inflammation for a cause, yet depend upon the too great plasticity of the fluids and upon a too active reproduction; such, for example, is syphilis. We do not here attribute to hydrargyric preparations a specific action; it is by more effectually impoverishing the blood, by more rapidly enfeebling its reproduction than other means, it is by stimulating at the same time the lymphatic system, that these remedies surpass other modes of treatment in some rebellious diseases. It would be wrong to regard mercury as an exciting remedy. Its first effect when in contact with the living system, is indeed slightly irritating, as is every other substance not alimentary; but this irritation is so temporary that it ought to be regarded as of very little importance when we consider the immense antiphlogistic action resulting from its antiplastic virtue. We should take care to avoid those of these preparations whose first impression upon the system is so stimulating that it might augment the irritation, be opposed to resorption, and prevent the remedy from being employed in a sufficient dose to excite in a short time the desired change in the composition of the blood. The bichloride, the nitrate, the sulphate, the red oxide of mercury, &c., cannot then serve as true antiphlogistics. They will be, on the contrary, of great use in chronic diseases with increase of plasticity, as in syphilitic affections, and principally in their most ancient and severe forms. They exercise also, independently of their antiplastic virtue, an exciting action upon the lymphatic system. It is necessary to observe, furthermore, that in the diseases whose progress is very slow, the active means administered in small doses and continued a long time, find their indication, while in acute diseases those remedies should be preferred of which the dose may be sufficiently raised to produce with promptness the desired effect. Neither is it the purgative preparations or doses of mercury which should be chosen when we wish to employ it as an antiplastic. We should attach a false idea to the action of mercury, in supposing that it is by exciting the surface of the intestines and producing abundant evacuations, that it diminishes the inflammatory trouble. On the contrary, in pushing the doses to this degree, we lose the most important effects of this substance. The remedy is then too soon evacuated to admit of being absorbed in sufficient quantity; it is only when it is borne in the current of the circulation that it exercises a direct influence upon the blood. Acting upon these principles, when we have for an indication to diminish the plasticity of the blood, we direct frictions with mild mercurial ointment,

calomel, in a dose of a quarter, a third, or at most of a half a grain, or the blue pill of the London Pharmacopœia, in a dose of from one to three grains every two hours or at shorter intervals. In order to prevent the decomposition of the calomel, which the acid developed in the gastric juice in consequence of certain pathological conditions may produce, it is well to combine with each dose one or two grains of calcined magnesia. The sensibility of the mucous membrane of the stomach is so great in some individuals that they cannot support the mercurial preparations without the addition of a small quantity of some narcotic, as, for example, the extract of opium.

It is important, during the use of mercurials, that the patient should observe a strict diet. It is necessary at the same time to recommend the greatest precautions for avoiding cold, if one does not wish to see the appearance of the symptoms of salivation before a sufficient quantity of mercury may have been taken into the system.

As soon as the forerunners of salivation, a fetid breath, a metallic taste in the mouth, tenderness of the gums, &c., shall be felt, it is necessary immediately to suspend the employment of mercurials. It is not salivation that we wish to produce in administering these medicinal agents; it would be a decided abuse of the remedy to carry so far the use of mercurials. It is only in cases of a very severe or rebellious character that it is necessary to return to the use of this remedy after the cessation of the forerunners of salivation. Mercury is one of those agents, which, employed in proper cases, does not produce the poisonous and morbid effects until it has exhausted the action which bears directly upon the pathological state. Consequently salivation is only a means of assuring us when the system has been sufficiently saturated with mercury.

We must not forget that there are individuals in whom, on account of a peculiar idiosyncrasy, the smallest doses of the mercurial preparations always produce salivation. These exceptions should not diminish our confidence in the general rule that we have endeavored to establish, and which, like everything we here say upon the antiphlogistic virtue of mercurials, is based upon the experience of many years. From all that precedes, it results that it is almost impossible to fix positively the doses of this remedy. The age, the constitution, the sensibility of the individual, the intensity of the disease, should be taken into consideration; the disappearance of the morbid phenomena and the marks of approaching salivation are the most sure guides. Should the symptoms of salivation appear before the inflammation is entirely subdued, the other antiphlogistic means, sanguine emissions, purgatives, resolutives and derivatives, may be used to arrest the progress of the inflammation until the state of the patient may permit us to renew the cautious use of mercurial preparations.

To the internal use of mercury we unite, in the greater part of ocular inflammations, the mild mercurial ointment in frictions upon the regions in the neighborhood of the eye, upon the supra-orbital region, the temples, the forehead, the upper part of the cheek, but never upon the eyebrows themselves or upon the eyelids. Upon these last organs, being in direct connection with the globe of the eye, the irritating mechanical action

of the friction almost always increases the violence of the inflammation. The mercury employed in this form is absorbed and carried into the current of circulation, and acts more rapidly and more directly upon the vessels of the globe of the eye. The frictions, each in a dose of from six grains to half a scruple, are made from four to eight times a day.

It is now understood that purgatives and mercurials fulfil perfectly the indication of diminishing the plasticity of the blood. We content ourselves here with having rapidly pointed out their use and explained their action; we shall not enter into minute details in relation to the neutral salts, to the nitrate of potash, the water of the cherry laurel and certain other poisonous substances, agents in which experience has made known analogous virtues. They almost all seem to act by diminishing the plasticity of the fluids.

It remains to us to say a few words upon certain auxiliary indications of the inflammation, and upon those therapeutic agents the most proper to fulfil them.

I. The sensibility is considerably exalted in inflammation. This phenomenon is the more marked in the eye, since this organ receives a large number of nerves which go directly to the parts for which they are destined. In ophthalmia, and especially in the inflammation of the internal membranes of the eye, comprising the sclerotic, the exaltation of the sensibility is manifested in a double manner, viz.:

1st, by pain. 2d, by intolerance of light, and luminous phantasms, which are morbid sensations peculiar to the retina, the immediate organ of vision. The nervous system being always in direct communication with the sanguine system, the pain, although it may be a symptom of the inflammation, never fails in its turn to increase the congestion and the irritation. That which is still more remarkable, is, that in inflammations of a plastic nature, in inflammations of serous and membranous tissues, each paroxysm of pain is terminated by an exudation of lymph, a process which in *iritis* is accomplished, as it were, under our eyes. It is of the highest importance, then, to combat the pain, as well in order to avoid the evil results of it as to relieve the patient. Opium appears to us the best therapeutic agent for this purpose. We administer it interiorly in substance or in the extract at a dose of one quarter, a half of a grain, or sometimes even in larger doses should the circumstances require it. When the pains assume the form of paroxysms, we employ with advantage frictions upon the supra-orbital region, with the laudanum of Rousseau or with powdered opium, in the dose of from three to six grains moistened with water or a little saliva. These frictions may be repeated many times a day, and especially before the access of pain.

Belladonna, *hyoscyamus* and *stramonium* are endowed with special properties, and are extensively useful under the following circumstances, viz.:

1st. In cases where it is an object to obtain a mechanical and temporary dilatation of the pupil, in order to avoid its obliteration, or to prevent the iris from contracting adhesions to the neighboring textures.

2nd. In photophobia and luminous phantasms, which always depend upon the primitive or secondary irritation of the retina.

We employ belladonna in preference in consequence of its certainty of action. Instillation into the eye of a filtrated solution of the extract of belladonna (eight grains to the ounce of distilled water), we frequently employ when we wish to obtain the dilatation of the pupil. When it is an object to diminish the sensibility of the retina, and it is to be feared that the immediate contact of the remedy with the irritated tissues of the eye may increase the irritation, we prescribe frictions from four to eight times a day with the addition of the extract of belladonna, upon the forehead, the supra-orbital region, the cheeks, the temples, &c. These frictions, joined to other antiphlogistics, are the most powerful means for causing the intolerance of light to cease. Should the morbid sensibility of the light be so rebellious as to resist this treatment, we might increase the action by administering the belladonna interiorly, in children in a dose of from a quarter to a third of a grain in powder, and in adults in that of half a grain, or more, four or six times a day.

II. Our ideas upon the local treatment of ophthalmias will be more particularly explained when we shall treat of the different species. We will only say at present that we admit with great reserve the use of emollient fomentations, and that we proscribe entirely that of emollient cataplasms upon the inflamed eye. There is but one case in which their application, still quite general in France, may be admitted; this is when all the membranes having been attacked by inflammation, the process of suppuration has taken hold of the whole of the globe, and there is no other indication to fulfil than to cause to cease as soon as possible the state of extreme tension of the inflamed parts, the sufferings of the patient, and the danger of the communication of the inflammation to the brain and its membranes.

In all other cases of ocular inflammation, the object of the physician should be, not to favor suppuration and soften the inflamed parts, but to counteract every morbid action which might in the least tend to leave in the eye any lesion likely to disturb its functions—to prevent, for example, the formation of opaque cicatrices of the transparent cornea, &c.

We have said a few words above relative to collyria, while speaking of repulsion. We here repeat that these topical means, as well as the ophthalmic ointments, are only useful in conjunctivitis; still it is necessary to distinguish the different species of this inflammation, if we wish to employ them to advantage.

III. It is almost superfluous to say that the use of the inflamed organ would necessarily increase the congestion. Nevertheless it is necessary to distinguish between the active exercise of vision and the passive impression, so to speak, of the light. A certain degree of light, the natural stimulus of the visual organ, is necessary to it, even when both its parts are diseased. To shut it out entirely, as is often practised in the most simple case of conjunctivitis or scleritis, renders the retina so sensible that very soon the most moderate light is sufficient to provoke an inflammation of the retina. We shall return to this point in speaking of special ophthalmias.

If we now review the rules of the treatment of ophthalmias in general, we shall establish the following indications.

1st. It is necessary to seek for and to oppose the local or constitutional causes which have provoked or which keep up the ocular inflammation.

2nd. To check the too violent flow of blood towards the eye by the appropriate means, that is to say: *a*, repulsives; *b*, depletives; *c*, re-pulsives.

3d. To diminish the plasticity of the blood.

4th. To oppose the exalted sensibility of the eye.

5th. To aid in certain cases the general by local treatment.

6th. To secure repose for the inflamed organ, without withdrawing from it its natural stimulus.

INFLAMMATION OF THE EYE FROM INJURY.

Southborough, Mass., August 10, 1838.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Behold me safely landed, from a rail-road car, upon the confines of one of our beautiful New England villages; glad of a business excuse to exchange for a brief period the noise and turmoil of the city, for the quiet and green fields of the country;—yet here, as elsewhere, doomed to find poor afflicted humanity—a victim to all “the ills that flesh is heir to”—imploping succor and relief from fallible and erring fellow creatures; and as in the days of Solomon, so even now, often building hopes of safety and restored health in a multitude of counsellors. From all which you are given to understand that an imperative requisition of the nature alluded to, has called me into this region at the present time.

The case which more particularly demanded attention, was one of severe inflammation of the cornea and of the internal textures of the eye—the result of injury. Simon Plympton, about four weeks since, while at work laying a wall, was struck, upon the cornea of the left eye, with a fragment of stone. This induced a violent inflammation, which, however, was partially subdued by active treatment, when the patient, by his own imprudence, brought on a relapse of an alarming character. It was attended with great redness of the eyeball, intense and distressing pain of the forehead and temple of the affected side, cloudiness and opacity of the cornea, loss of vision, and soon after with hypopium or effusion of matter into the anterior chamber of the eye. These symptoms were met on the part of his attending physician, Dr. Burnet, with a prompt and judicious course of treatment, that in all probability averted the threatened loss of the organ. Free venesection having been resorted to, the after-treatment consisted in local depletion by cupping, repeated daily or every second day, according to circumstances, and the exhibition of calomel and opium, until the mouth became slightly affected. The patient, a person of intelligence and observation, invariably ex-

pressed much relief from the distressing supra-orbital pain, when cupping was freely employed.

On the 6th instant, the cornea had become clearer, and the purulent deposit in the anterior chamber was diminished in quantity. The pain, however, continued, though with abated severity. Until the inflammation shall be entirely subdued, and the danger of change of structure in some important part of the eye shall no longer exist, the case requires a continuance in the same treatment. And as the pupil is contracted and the iris sluggish in its motions, the external application of extract of stramonium is important. Rubbed down with boiling water to the consistency of thick cream, it is to be well smeared twice or thrice daily over the brow, on the upper eyelid and perhaps round the lower lid to the internal canthus; care being taken, previous to each application, to remove with lukewarm water any dry crust remaining on the skin. When it is desired to make use of this extract, where little or no inflammation of the eye is present, as in cataract, for instance, a more elegant preparation is a solution, or rather infusion of one drachm in an ounce of boiling water. A few drops of this may be poured into the eye in the same manner as directed for any common collyrium, three or four times daily or oftener, until the pupil is fully dilated. If an immediate effect is required, both forms may be used at the same time, and during the application the patient should be entirely excluded from the light.

In cases of acute internal ophthalmia, when the inflammation is fairly subdued, it is not best to resort immediately to stimulating and corroborant collyria, but rather to wait awhile and afford the parts an opportunity to recover their tone and strength *sua sponte*. Indeed, it may be observed generally, with respect to these local remedies, that if active treatment be employed in the first instance, they will seldom be needed.

Among other cases of disease of the eye, was one of amaurosis, occurring in a clergyman, from long-continued and close application to his studies. It presented this peculiarity, viz., that the dimness of sight commenced in both eyes (each eye being attacked separately) towards the external angle or canthus, and gradually traversed the field of vision from without inwards, until the whole became obscured. In cataract, on the contrary, the opacity of the crystalline, it is said, frequently begins about the centre or nucleus, and from thence extends towards the circumference; but this is not invariably the case.

As regards the medical topography of Southborough, there is not much to be observed. It is always acknowledged to be a place of uncommon salubrity, and the surface of the soil is agreeably diversified with hill and valley, having a very small proportion of wet or marshy land. Scarlet fever has appeared here, as in other towns in this vicinity, within one or two years past. From the occurrence of cases simultaneously in parts of the town distant from one another, and between which there had been no intercourse, it would seem to have partaken of an epidemic character. During the last spring, pneumonia, complicated with some cerebral affection, prevailed to a considerable extent, and proved fatal in some instances. The place contains fourteen or fifteen hundred inhabitants, scattered over a comparatively large space, and chiefly engaged in agricultural pursuits. Your obt. serv't, E. J. D.

SISON AUREUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I had the pleasure of calling upon Dr. O. Partridge, of Stockbridge, Mass., on the 21st of last month. I made known to the doctor the design of my visit, to settle the question in relation to the identity of the cow-parsnip. The doctor appeared to be very anxious that the plant should be known and scientifically described. He said he had done the best he could to identify it. He very readily accompanied me to the lot in which it grew in abundance. It was in the low-land meadows of Old Stockbridge, whose soil was damp. The same plant I have seen growing in White Creek, N. Y., in Canaan, N. Y., and in Pownal, Vt.; and I have always found it growing in rather damp soils. Dr. Partridge says, in your Journal of June 6th, No. 18, page 287, that sheep devour the bulb of the root. I examined the root, and called his attention to that part of his description, remarking that one would think it had a bulbous root; to which he replied, that he meant, by the bulb, the top of the root. The root resembles nearly the root of the genus *rivole*.

For a description of the plant I would refer you to Eaton's Manual, in which you will find Dr. Partridge's cow-parsnip described under *sison aureus*, known by the popular names of meadow-parsnip and false Alexanders.

Yours respectfully,

Canaan, N. Y., August 6th, 1838.

JOSEPH BATES, M.D.

LITHOTOMY.

DR. HOFFMAN, at the City Hospital, New York, on the 28th, performed this most important and difficult operation on a seafaring man of about sixty, on the bi-lateral plan, in presence of "a large number of students and medical gentlemen," says the reporter for the New York Medical Examiner (a department of the Weekly Whig of that city).

"He made a semicircular incision through the integuments of the perineum, about an inch and a half anterior to the anus; the ends of the fingers of his left hand serving as a guide to the scalpel. The dissection was continued until the membranous portion of the urethra was arrived at and laid open, when Dr. Stevens's 'prostatic bisector,' (an engraving of which was given in a late number of the Medical Examiner), was introduced into the staff, and crowded forward into the bladder. On the withdrawal of the gorget there was a free discharge of urine. The operator now introduced the fore finger of his left hand to guide the forceps into the bladder, after which the staff was withdrawn. Thus far no difficulties had been encountered, but after the introduction of the forceps, near half an hour was consumed in fruitless endeavors to grasp the stone. During this time several unsuccessful attempts were made by Dr. Stevens. The incision was finally dilated with a bistoury at the neck of the bladder, and the calculus, after some further exploration with the forceps, removed. The stone was about an inch and three

quarters in length, rather more than an inch in width, and about five eighths of an inch thick. The patient was near three quarters of an hour on the operating table.

Remarks.—Dr. Hoffman displayed considerable coolness in operating, but lacked dexterity in the use of instruments.

"It will be at once perceived by those who have often witnessed the operation of lithotomy, that the last stage of this operation occupied an unusual length of time, and that the patient must consequently have suffered an unusual amount of pain; and it will not be disputed by any, we presume, who witnessed the operation, that the ill-directed and clumsy use of the forceps, must have seriously injured the parts in the vicinity of the bladder. This is the third bi-lateral operation of lithotomy which we have seen performed at the City Hospital, two of which were by Dr. Stevens. The first was that of a boy, in which the size of the stone was a little less than that of a common hen's egg. Great force was required to extract it, and before it could be extracted, a second incision was made in the centre of the perineum. The second case was also that of a young boy—the stone being small in this case, was easily removed. From the first of these cases and the one related above, it certainly appears that when the stone is of considerable size, more difficulty is experienced in extracting it after the bi-lateral section of the prostate than after the lateral; at all events, experience demonstrates this to have been the case where the division has been effected by Dr. Stevens's instrument. We hope surgeons will hesitate before they consent to adopt an operation which has thus far proved much inferior to the old one. Humanity demands that they should do so."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 22, 1838.

REPORT ON TYPHOID FEVER.*

We need not say that we, in common with the profession, are ready to welcome any production from such a source as the above report. But sincerely do we greet this volume, on account not only of its intrinsic worth, but of the enlightened motive of the author, "to render the records of the Massachusetts Hospital subservient to the cause of medical science." In passing, we cannot withhold the same commendation on the numerous contributions which have been given us by the able Professor of Surgery in the same institution. The profession are ready to give to such elaborate and careful documents the heed to which they are justly entitled. In the report of Dr. Jackson, the numerical system of M. Louis is strictly adhered to; and from such a mind we have, what we should expect, an accurate observation of cases, on which alone such a basis can depend, if we would ensure the conclusions their true value to

* A Report on the Typhoid Fever in the Massachusetts General Hospital from 1821 to 1825. By James Jackson, M.D., late Attending Physician in that Hospital. Boston, 1838. Pp. 96.

the cause of science. We shall hail the period when such exact observations shall be carried, as far as possible, into private practice ; and such a volume as this report, coming from our midst, cannot fail to have an important influence in advancing that desirable period. But we will let the Report speak for itself—and shall quote freely this week from the introductory part.

“To render cases useful, they must be analyzed, and the results accurately stated ; nor would much satisfaction be derived from them, if few in number. In this way M. Louis has rendered the most important services to medical science.”

“The number of patients, on whose cases this report is founded, is more than three hundred. During the period embraced by the report, the cases varied in number in the different years. In the early years, patients did not resort freely to the hospital ; but in the last ten years the number of fever cases bore perhaps a fair proportion to the general prevalence of the disease in the city. If this proportion varied much, it was when the fever was most prevalent, and when, accordingly, the hospital could not receive all who applied for admission.”

“It may be proper to make a few remarks on the name of the fever, which is the subject of this report. All, who have attended to the subject, are aware how vaguely the term, fever, has been used ; and this by medical men, as well as by others. I have always held to the distinction, made by most physicians in my day, between essential, or idiopathic, and secondary, or symptomatic fevers. Among the idiopathic fevers, I have not been able, until within a very few years, to draw very certain lines of distinction, except those dependent on their type. Nature has drawn a broad line of distinction between intermittent and continued fevers. In regard to remittents, there is not so clear a ground for distinction. These have appeared to me to belong to one or the other of the kinds before mentioned ; some being intermittents accompanied by secondary, local affections, which prevented perfect intermissions. These are the formidable remittents of warm climates. Others have seemed to me to be continued fevers, in which the exacerbations were more thoroughly marked than in common cases. All other varieties of idiopathic fever seemed to be dependent on the following circumstances, viz., first, the disproportion in the symptoms, which appertain to the disease, and even the entire absence of some of them in many instances. Thus, in some cases the cerebral symptoms, or those belonging to the animal system, and the organic, or those belonging to the organic system, are in a certain due proportion ; those of both descriptions being duly developed, and those of one, or the other kind, predominating at different stages of the disease. In other cases, the cerebral symptoms are almost entirely wanting throughout the disease ; while in some they predominate so much, as to throw into the shade, or actually to mask, all other symptoms. Second, the addition of secondary and local affections, no one of which certainly occurs in the greater number of cases of continued fever, explains much of the diversity in cases of this disease.”

“The work of M. Louis, on continued, or typhoid fever, is now, I trust, well known in this country. It was not till the year 1833, that it received from me the attention it merited. Since it has been known to me, I have found that the continued fever, which is so well known to us in this city, at least, was the same as that which he has described. The symptoms are essentially the same, and the appearances discovered in the body, after death, are precisely the same. These appearances had

been noticed here before, when the examination was so made as to disclose them. From 1833, our fever has been the same it formerly was, and in every case, where an examination has been made, the morbid changes have been found to be the same as described by M. Louis. In neighboring places, a similar confirmation of the identity of the disease has been furnished from different sources. I may refer here, particularly, to cases, which occurred in Lowell, and were reported by Dr. Bartlett, the learned professor of pathological anatomy, in the Berkshire Medical Institute.

"M. Louis did not show, nor did he attempt to show, that the disease he described was dependent on the morbid affection of the small intestines. But he did furnish the means of deciding unequivocally, the anatomical characters of the disease, so that it might be distinguished in other places. Thus he laid the foundation for making further distinctions, if continued fever was not the same in all places. It was almost in vain to look back to descriptions of fevers previously written. It was for those only, who fully understood the present state of the question, and who were acquainted with the observations of M. Louis, on both the living and dead body, to prosecute the inquiry.

"Viewing the subject in this light, I had a great desire to get observations properly made on the fevers of warm climates. It was, therefore, very grateful to me to receive, in 1835, the observations made by Dr. Gerhard, of Philadelphia, a pupil of Louis, on cases of what has been called bilious remittent fever. These observations were very limited in number; but, so far as they went, they showed clearly that this disease differed essentially from our continued fever. Since that time, the same gentleman has done still more to settle the question before us. In 1837, he has described the disease, which he calls typhus, and which, in many respects, resembles our fever; but which he clearly shows to differ from it, both in its symptoms, in their course and order, and in its anatomical characters. Meanwhile, M. Lombard, a physician of Geneva, and also a pupil of Louis, being on a visit to Great Britain and Ireland, has described the fever he saw in Dublin, principally, but also in England, and has shown that that also differed from the typhoid fever described by Louis. It would seem, indeed, that the disease, described by M. Lombard, is the same as that witnessed in Philadelphia by Dr. Gerhard.

"It is not my intention to prosecute this subject any farther; nor is it important for my purpose to inquire, whether others have made the same, or any other observations on the subject under consideration. It is plain, that there are, at least, two species of continued fever, both in Europe and this country; and further researches may very possibly show more.

"A necessity now arises for distinguishing these diseases by some proper names.

"In former years, I have avoided the distinguishing names applied to continued fevers, for two reasons. First, such distinctions between them, as those of synochus, synocha, and typhus, were not shown to exist in nature, and were in truth grounded on men's fancies; and, second, those names were originally significant, not indeed of different qualities in nature, but of men's notions in regard to the different natures of diseases. Until, therefore, three different continued fevers were shown to exist, and until it was shown that these had, respectively, the qualities implied by these names, it seemed improper to employ such names.

"But, for a good while, the name typhus has been getting into common use, as the most common appellation of the continued fever of Eng-

land, and of that of this country, or, at least, of New England. And under this, as an arbitrary, and not a significant name, it has been spoken of and described, more or less accurately, by many writers. Under these circumstances, I had just become reconciled to adopting the name, as being one so generally received, that it must continue in prevalent use; and that, as its significant character had been dropped, there was no harm in employing it. Now my friend, Dr. Gerhard, proposes to restrict the name, typhus, to the disease which he has recently described, and to leave to the continued fever of Louis the name of typhoid fever. Names, when arbitrary, are of so little importance, that I would not waste a moment on a choice, if only they can be so used as to avoid mistakes and confusion. But I am truly puzzled, as the matter now stands, which name to adopt. After much hesitation, I have decided to call the disease typhoid fever.

"Let me add, that as far as my knowledge extends, this is the continued fever of New England, as I believe it is that of Old England. But exceptions may occur in both countries. With us it prevails every year, though not equally; and may be seen in any month of the year. But it is most prevalent in the autumn. In some seasons it prevails extensively, and may be called epidemic. In others it is limited to small neighborhoods, and even to a single family, not even the near neighbors being affected. In that case, it will pass slowly through the family, attacking new residents, but not often watchers and visitors for a day. It will be from three to six months in passing through a large family. I have seen this happen in summer, but oftener in winter. Persons removed from such a family to other houses do not communicate the disease; which seems to disprove the existence of contagious properties. The experiment has often been tried under my observation, from necessity, and the disease has never been propagated by the person removed. In one case, four persons were removed from one diseased family to four different families, and no disease was produced in any of them.

"The disease which prevailed among us in 1808, and for some years after, under the name of petechial fever, was different from our common continued fever. The observations on it were not made, as they would be at the present day, and its characteristics cannot be distinctly stated. Meanwhile, I will remark, that I think my friend, Dr. Gerhard, has fallen into an error, in thinking that the disease was the same which he has lately described under the name of typhus, and which he has witnessed in Philadelphia. The petechial fever seldom had premonitory symptoms; it was sudden in its attack, and usually short in its course; often an ephamera, or fever of one paroxysm, and then terminating within forty-eight hours, which is the limitation of an ephamera laid down by Fordyce. These characters do not surely belong to the disease he has described."

SCARLET FEVER.

SOME considerable alarm is manifested, every little while, at the appearance of scarlet fever, which is usually ushered in with considerable violence, and attended with fatal effects, before its character is fully understood. It is very certain that, with the best endeavors, the physicians of this country have generally been unfortunate in the treatment of this disease; but why, we cannot divine, unless there are atmospherical influences operating at the time of its existence, which are not taken into

the account. Whenever the scarlet fever prevails as an epidemic, it is marked by more fatality than almost any other occasional malady known to the profession of the United States. The sacrifice of children is indeed melancholy.

With regard to the treatment there can be no arbitrary, nor any very uniform course of prescription, the seaboard and the country requiring a series of modifications in the medicines, as well as doses. Hence there is a marked difference between the systems of practice in districts not very remote from each other. The more patients a physician has, the more successful he becomes, although there are variations in the character of the symptoms, which, at first, may have entirely baffled his skill. As it is certain that there cannot be a definite manner of treating scarlet fever in detail, by different practitioners, it is vastly important that every one should remember what is found to be successful in his own individual practice, in the region to which his labors are confined; in this way a topographical chart might be constructed, of immense value to the whole body of the profession.

A GUIDE TO THE PRESERVATION OF HEALTH.*

No subject can be of more importance, and if the public would only listen to good advice, longevity, the desideratum, would more frequently be obtained. But, alas! people will read just what they choose.

On first opening this pamphlet—fresh from the City of Lowell—the first impression was that it belonged to the starvation school—the air eaters, who, like the countryman's horse, die just as they begin to live upon nothing. But it is not so. The author has simply medicated baths at No. 1 Tyler street, Lowell, in readiness at all hours, at 37½ cents single, or \$3.00 per quarter; and to awaken the citizens to a deep sense of what is absolutely necessary to health, long life, and, as a matter of course, physical happiness, this treatise has been sent abroad, dove-like—an avant courier—to prepare the way. He eschews Thom-sonianism lustily; and Dr. Ford, therefore, must necessarily be a man of penetration—or, in other words, a gentleman of common sense.

If any fault is to be found with this pamphlet, it is in the title, which is as long as the name of a member of Oliver Cromwell's parliament. As a whole, it is not strikingly original, yet abounds with seasonable quotations and *excissorizations* from prominent popular writers on health. One idea is new—and certainly demands the respectful consideration of the manufacturing corporations in Lowell. It is this—warm baths should be procured for these establishments, accessible to the operatives at all times; and as warm water is always in readiness, in carrying on the regular business of these vast establishments, the cost of constructing suitable apartments for ablution, would not and should not be a valid objection. So far Dr. Ford has been fortunate in touching the right key. For general circulation, the pamphlet is calculated to instruct those who would scarcely think of perusing anything more elaborate. Dr. Alcott must look out for breakers—the author of this guide having taken the title of "*The House I live in.*"

* "*The House I live in*"—a guide to the preservation of health, and the attainment of longevity, being a condensed treatise on the importance of physical education, and on the subject of bathing. By J. W. Ford, M.D. Lowell. Pp. 28.

New York Medical Examiner.—One or two columns in that mammoth of American newspapers, the New York Weekly Whig, bear the standing title of *Medical Examiner*, and to all intents and purposes constitute a regularly constructed medical report—the only one, as far as we can learn, published in New York. Each paper exhibits something new and appropriate under this popular division, which, it strikes us, is read by all classes of readers, with much interest. Who the editor may be of this department we know not, but feel constrained to say that he exhibits tact, science and fearlessness. The Kappa Lambda Association, a sort of medical inquisition, differing essentially, however, from all its ancestral prototypes, in burning its own sly fingers, is a standing dish. If the conclave of exclusives can hold together in bonds of brotherly iniquity after such repeated drubbings and castigations, each member should be regarded in the light of a salamander. To make the Examiner a little more valuable to its readers in this part of the country, descriptions of the New York Hospitals, medical societies, and all that might and should be said of the schools of medicine of the City and State, should be occasionally introduced.

Anatomical Museum.—A sale is about being made of anatomical preparations of various kinds, all of which are represented to be valuable, and a great loss to the school in Crosby Street, New York. The museum belongs to one of the professors. Whether the articles are to be disposed of at auction or by private sale, has not been ascertained; if either way, and a definite period were fixed upon, some two or three weeks hence, gentlemen residing at a distance would have an opportunity of visiting New York, and selecting whatever might be most serviceable.

Medical Communications.—Such is the running title of a handsomely printed, large-sized octavo pamphlet, which contains the last annual discourse, a report on typhoid fever, and a goodly variety of the miscellaneous records and doings of the Massachusetts Medical Society in 1838. This is Part II. of Vol. VI.—and also Part II. of Vol. II. of the second series. Those who have been careful in the preservation of all the preceding communications, will find themselves in possession of a very useful book of reference, touching the business journals of the Society. From 1804 to 1838, all the annual dissertations have been printed. Some of them are excellent, and some are bad specimens enough of medical philosophy—

“Just fit to close a broken pane,
Or wrap a bit o’ cheese in.”

Reference is made to Dr. Jackson’s Report on Typhoid Fever in another part of this No. With regard to the record of council meetings, the essentials are generally given in the Journal at the time. Dr. Alden’s Historical Sketch of the Origin and Progress of the Society, is reserved for future consideration. We are free to say, in advance, there is too much of it. Good as it is, no man wishes to breakfast, dine and sup on honey, the same day.

Beck’s Medical Jurisprudence.—A sixth edition of Dr. T. Romeyn Beck’s standard work on medical jurisprudence, is now in press at Phila-

delphia. It is a proud professional achievement to be the author of the very best and most generally approved medico-legal production in the English language. Dr. Beck resides at Albany, and holds the chair of *Materia Medica* and Medical Jurisprudence in the College of Physicians and Surgeons in the Western District of the State of New York.

Medical Institution of Yale College.—The new organization of this institution will be advertised in our next number. Professor Knight has been transferred to the chair of Surgery, vacated by the death of Professor Hubbard; and Dr. Charles Hooker, of New Haven, has been appointed to the chair of Anatomy and Physiology. Dr. Harris, who some weeks since was invited to the chair of Surgery, declined the invitation.

ERRATUM.—In last week's Journal, p. 32, for S. A. Hubbard, read D. H. Hubbard.

Whole number of deaths in Boston for the week ending August 18th, 36. Males, 18—females, 20. Consumption, 8—teething, 3—infantile, 1—scarlet fever, 1—cholera infantum, 8—dysentery, 4—brain fever, 2—lung fever, 1—croup, 1—canker, 1—typhous fever, 1—stoppage in the bowels, 1—old age, 1—dropy on the chest, 1—inflammation of the brain, 1—stillborn, 2.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1836.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT, N. Y.

THE annual course of Lectures will commence on the first Tuesday of October and continue sixteen weeks.

On Midwifery,	- - - - -	WESTEL WILLOUGHBY, M.D.
On Chemistry and Pharmacy,	- - - - -	JAMES HADLEY, M.D.
On Anatomy and Physiology,	- - - - -	JAMES McNAUGHTON, M.D.
On Theory and Practice of Physic,	- - - - -	JOHN DELANATER, M.D.
On Materia Medica and Medical Jurisprudence,	- - - - -	T. R. BECK, M.D.
On Principles and Practice of Surgery,	- - - - -	JAMES McNAUGHTON, M.D.

In consequence of the removal of Dr. Mussey to Cincinnati, the course on surgery will be delivered by Dr. McNaughton from the present session, and until the vacancy is filled by the Regents of the University.

Price of all the tickets, \$56.

The College possesses a valuable medical library, an anatomical museum, and an extensive collection of minerals. A large number of students can be accommodated with rooms in the college buildings, and good private rooms are to be had in the village, at a moderate expense.

It is believed that no medical institution in the country affords greater advantages at so moderate an expense. The situation of the institution is healthy, and students are not exposed to the many allurements to idleness and dissipation which interfere with study in larger towns. The whole expense of a full course, including board, needs not exceed \$100. By order.

JAMES HADLEY, Register.

N. B.—Ample opportunities for dissection are offered at a moderate cost, under the direction of the professor of anatomy.

Aug. 22—eptt

BERKSHIRE MEDICAL INSTITUTION.

The annual Course of Lectures for 1838, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	HENRY H. CHILDS, M.D.
Botany, Chemistry and Natural Philosophy, by	CHESTER DREWY, M.D.
Principles and Practice of Surgery, by	WILLARD PARKER, M.D.
Material Medica and Pathological Anatomy, by	ELISHA BARTLETT, M.D.
Obstetrics, by	DAVID PALMER, M.D.
Anatomy and Physiology, by	ROBERT WATTS, JR., M.D.
Legal Medicine, by	HENRY HUBBARD, Esq.

Fee for the Course of Lectures, \$50. Fee for those who have already attended two full courses at an incorporated medical school, \$10. Graduation fee, \$18. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Pittsfield, Mass., 30th June, 1838.

1 Aug 23

R. WATTS, JR., Dean of the Faculty.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Prize Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.

RUFUS WYMAN, M.D.

GEORGE C. SHATTUCK, M.D.

JACOB BIGELOW, M.D.

WALTER CHANNING, M.D.

GEORGE HAYWARD, M.D.

JOHN RANDALL, M.D.

ENOCH HALE, M.D.

JOHN WARR, M.D.

At the Annual Meeting of the Committee, on Wednesday, August 1, 1838, a premium of fifty dollars, or a gold medal of that value, was awarded to Edward Warren, M.D., of Boston, for a Dissertation on the question, "What are the causes, seat and proper treatment of Erysipelas Inflammation?"

The following Prize Questions for the year 1839, are before the public, viz.:

1st. "The pathology and treatment of rheumatism."

2d. "What is scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1839.

The following questions are now offered for the year 1840, viz.:

1st. "The pathology and treatment of typhus, and typhoid fever."

2d. "The pathology and treatment of medullary sarcoma."

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1840.

The author of the best dissertation on either of the above subjects will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals throughout the United States are respectfully requested to give the above an insertion.

Boston, August 4, 1838.

Aug 8-4t

HARVARD UNIVERSITY—MEDICAL LECTURES.

The Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	Dr. CHANNING.
Material Medica and Clinical Medicine, by	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Dr. G. HAYWARD.
Chemistry, by	Dr. WEBSTER.
Theory and Practice of Physic, by	Dr. WARR.

Circulure of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Boston, July 23, 1838.

Aug 1-1N

Dean of the Faculty of Medicine.

THE BOSTON MEDICAL AND SURGICAL JOURNAL, is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.